

Children's Dentistry of Rancho Cucamonga

Our Financial Policy

Non-insured patients are expected to pay in full with cash, check or credit card the day service is rendered.

For those patients who are covered by insurance, we will accept assignment of benefits. This means you must sign the portions of your insurance that "assigns" payment to our office. Most dental insurance plans do not cover 100% of the cost of your treatment. Because of this and the extreme delay in receiving payment from the insurance company, you will be asked to pay your deductible and your portion of charges the day services are rendered. All estimates are based on information provided to us by your insurance and are not a guarantee of payment. Only after the claim is submitted and reviewed by your insurance company can final payment be determined. We are a non-preferred provider for most PPO insurance plans and this may also affect your out of pocket cost. If you are unsure if we are a provider please feel free to ask the receptionist.

Sometimes the dentist may recommend services that are not covered or exceed the frequency limits of an insurance plan. Our dentists do not follow insurance dictates in diagnosis or recommendations. When services are not covered by insurance the responsibility for payment is yours. It is **your responsibility** to know which services are covered or not covered by your insurance company. If you do not want a specific procedure performed it is **your responsibility** to make an assistant or dentist aware of this decision.

We will estimate as closely as possible your coverage, but until we actually receive payment from your insurance company, **IT IS JUST AN ESTIMATE**. We will assist you in dealing with your insurance company, but the ultimate responsibility lies with you. After forty-five days any remaining balance not received from your insurance company will be due in full from you. All unpaid balances over thirty days are subject to a finance charge of 18.00% as well as a five dollar late charge. Delinquent balances will be subject to a collection charge.

Feel free to ask any questions that remain unanswered either before or after treatment. We wish to help you all we can.

I have read the above and understand it.

Parent or Guardian signature

Date